

CHURCH LIFE RECOMMENDATION
2009–2010 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT: _____

GRADE APPLYING FOR: 6 7 8

CHURCH: _____

Please complete the information, sign and then give this form with a stamped envelope addressed to **DCMS Admissions, 7525 E. Speedway, Tucson, AZ 85710**, to your church pastor, elder, Sunday School teacher, or Bible Study leader who knows your family best. Remind the person that this form is necessary order to process your application.

Applicant: How often do you attend church and what activities are you involved in (please be specific):

Parent/Guardian: How often do you attend church and what activities are you involved in (please be specific):

**I request that this report be sent to Desert Christian Middle School.
I understand your evaluation will be held in confidence by the school's authorities.**

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PASTOR / ELDER / TEACHER

The above-named family is interested in applying for admission to Desert Christian Middle School. We believe Christian education is most effective when done in partnership with the home and church. Will you please take a few moments to answer the following found on both sides of this application?

I have known this **family** for _____ years as pastor, church elder, teacher. *(Please circle)*

I have known this **applicant** for _____ years as pastor, church elder, teacher. *(Please Circle)*

Please circle the word listed below which best describe this family's church attendance:

WEEKLY MONTHLY OCCASIONALLY OTHER_____

Involvement in church and/or Christian community activities:

ACTIVELY OCCASIONALLY RARELY OTHER_____

Please list activities the applicant and parents are involved in:

**Please complete both sides as soon as possible and return to
Desert Christian Middle School as this recommendation is necessary to process the application.**

**As you prayerfully complete the recommendation below, please be mindful of the DCS Mission Statement,
“It is our mission to disciple young people to be spiritually maturing, academically prepared, and possess an integrated Biblical worldview so that they impact their world for Christ.”**

How would you evaluate the **parents** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Interest in having their child know and walk with the Lord _____

Teachability and interest toward serving _____

Command respect and obedience from the family _____

How would you evaluate the **applicant** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Teachability and interest toward serving _____

Evidence of spiritual growth _____

Other comments _____

NAME (PLEASE PRINT) _____

POSITION _____

EMAIL _____

CHURCH NAME _____

CHURCH ADDRESS _____

PHONE NUMBER _____ DATE _____

THANK YOU FOR YOUR ASSISTANCE